

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Eastern District of Virginia		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Meredith, Robert Arthur		Name of Joint Debtor (Spouse) (Last, First, Middle): Meredith, Lorraina Kay
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-1775		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-5226
Street Address of Debtor (No. and Street, City, and State): 721 Welsh Drive Ruther Glen, VA <div style="text-align: right; font-size: small;">ZIP Code 22546</div>		Street Address of Joint Debtor (No. and Street, City, and State): 721 Welsh Drive Ruther Glen, VA <div style="text-align: right; font-size: small;">ZIP Code 22546</div>
County of Residence or of the Principal Place of Business: Caroline		County of Residence or of the Principal Place of Business: Caroline
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information *** Laura T. Alridge VSB 42549 *** <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Meredith, Robert Arthur**Meredith, Lorraina Kay****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **Eastern District of Virginia, Richmond Division**

Case Number:

11-34978-KLP

Date Filed:

8/21/11

Location

Where Filed: **Eastern District of Virginia (Richmond)**

Case Number:

07-31765-DOT

Date Filed:

5/11/07**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Laura T. Alridge VSB**April 24, 2015**

Signature of Attorney for Debtor(s)

(Date)

Laura T. Alridge VSB 42549**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Meredith, Robert Arthur
Meredith, Lorraina Kay

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Robert Arthur Meredith

Signature of Debtor **Robert Arthur Meredith**

X /s/ Lorraina Kay Meredith

Signature of Joint Debtor **Lorraina Kay Meredith**

Telephone Number (If not represented by attorney)

April 24, 2015

Date

Signature of Attorney*

X /s/ Laura T. Alridge VSB

Signature of Attorney for Debtor(s)

Laura T. Alridge VSB 42549

Printed Name of Attorney for Debtor(s)

Boleman Law Firm, P.C.

Firm Name

P. O. Box 11588

Richmond, VA 23230-1588

Address

Email: info@bolemanlaw.com

804-358-9900 Fax: (804) 358-8704

Telephone Number

April 24, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Robert Arthur Meredith
Lorraina Kay Meredith**

Debtor(s)

Case No.
Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Robert Arthur Meredith
Robert Arthur Meredith

Date: April 24, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Robert Arthur Meredith
Lorraina Kay Meredith**

Debtor(s)

Case No.

Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
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☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Lorraine Kay Meredith
Lorraine Kay Meredith

Date: April 24, 2015

United States Bankruptcy Court
Eastern District of Virginia

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Debtors

Case No. _____

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	182,500.00		
B - Personal Property	Yes	4	31,787.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		158,011.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		24,256.08	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		17,201.88	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			10,848.34
J - Current Expenditures of Individual Debtor(s)	Yes	2			9,927.92
Total Number of Sheets of ALL Schedules		28			
Total Assets			214,287.00		
Total Liabilities				199,468.96	

United States Bankruptcy Court
Eastern District of Virginia

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Debtors

Case No. _____

Chapter 13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	24,256.08
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	1.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	24,257.08

State the following:

Average Income (from Schedule I, Line 12)	10,848.34
Average Expenses (from Schedule J, Line 22)	9,927.92
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	14,404.80

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	24,256.08	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		17,201.88
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		17,201.88

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Primary Residence Location: 721 Welsh Drive, Ruther Glen VA 22546	Tenancy by Entirety	J	169,000.00	155,181.00
1.1550 Acre Lot in Lancaster County, VA Parcel Number: 20E 1 170	Tenancy by Entirety	J	13,500.00	2,000.00

Sub-Total > **182,500.00** (Total of this page)

Total > **182,500.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand	-	50.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account with PNC Bank	J	500.00
		Savings account at Transportation FCU	J	0.00
		Checking Account with PNC Bank	J	200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household goods: kitchen utensils, decorative items, linens and small appliances, washer, dryer, computer, printer, refrigerator, range, microwave, freezer, 2 television(s), VCR, DVD Player, lawnmower, sofa, loveseat, 2 end table(s) armchair, lamps, desk, desk chair, kitchen table & chairs, dining table & chairs, china cabinet, 3 bedroom set(s), vacuum, china.	-	3,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	-	200.00
7. Furs and jewelry.		Wedding & Engagement Rings	J	800.00
8. Firearms and sports, photographic, and other hobby equipment.		Sporting Equipment - Exercise Bike	J	300.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
Sub-Total > (Total of this page)				5,050.00

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		ERISA Approved 401(k) with Employer	W	2,000.00
		ERISA Approved 401(k) with Employer	H	9,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **11,000.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Proceeds within six months of filing of bankruptcy petition from life insurance, property settlement, or any decedent's estate.	-	1.00
		Workers Compensation Claim - Pending	W	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2004 Dodge Ram 2500 Quad Cab with 110k miles	H	7,473.00
		2000 Dodge Dakota Club Cab with 216k miles	H	263.00
26. Boats, motors, and accessories.		Boat - 2004 Sea Fox	J	8,000.00
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **15,737.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)
Total > **31,787.00**

(Report also on Summary of Schedules)

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Primary Residence	Va. Code Ann. § 34-4	1.00	169,000.00
Location: 721 Welsh Drive, Ruther Glen VA 22546	11 USC 522(b)(3)(B); William v Peyton 104 F.3d 688	21,608.96	
1.1550 Acre Lot in Lancaster County, VA Parcel Number: 20E 1 170	Va. Code Ann. § 34-4	1.00	13,500.00
Cash on Hand			
Cash on hand	Va. Code Ann. § 34-4	50.00	50.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Checking account with PNC Bank	Va. Code Ann. § 34-4	500.00	500.00
Savings account at Transportation FCU	Va. Code Ann. § 34-4	1.00	0.00
Checking Account with PNC Bank	Va. Code Ann. § 34-4	200.00	200.00
Household Goods and Furnishings			
Household goods: kitchen utensils, decorative items, linens and small appliances, washer, dryer, computer, printer, refrigerator, range, microwave, freezer, 2 television(s), VCR, DVD Player, lawnmower, sofa, loveseat, 2 end table(s) armchair, lamps, desk, desk chair, kitchen table & chairs, dining table & chairs, china cabinet, 3 bedroom set(s), vacuum, china.	Va. Code Ann. § 34-26(4a)	3,000.00	3,000.00
Wearing Apparel			
Clothing	Va. Code Ann. § 34-26(4)	200.00	200.00
Furs and Jewelry			
Wedding & Engagement Rings	Va. Code Ann. § 34-26(1a)	800.00	800.00
Firearms and Sports, Photographic and Other Hobby Equipment			
Sporting Equipment - Exercise Bike	Va. Code Ann. § 34-4	300.00	300.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
ERISA Approved 401(k) with Employer	Patterson v. Shumate, 504 U.S. 753 (1991)	2,000.00	2,000.00
	Va. Code Ann. § 34-4	1.00	
	Va. Code Ann. § 34-34	1.00	
ERISA Approved 401(k) with Employer	Va. Code Ann. § 34-34	9,000.00	9,000.00
	Va. Code Ann. § 34-4	1.00	

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT
(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Other Contingent and Unliquidated Claims of Every Nature</u>			
Proceeds within six months of filing of bankruptcy petition from life insurance, property settlement, or any decedent's estate.	Va. Code Ann. § 34-4	1.00	1.00
Workers Compensation Claim - Pending	Va. Code Ann. § 65.2-531	100%	Unknown
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2004 Dodge Ram 2500 Quad Cab with 110k miles	Va. Code Ann. § 34-4 Va. Code Ann. § 34-26(8)	1,473.00 6,000.00	7,473.00
2000 Dodge Dakota Club Cab with 216k miles	Va. Code Ann. § 34-4	263.00	263.00
<u>Boats, Motors and Accessories</u>			
Boat - 2004 Sea Fox	Va. Code Ann. § 34-4	7,170.00	8,000.00

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No. 035462805, 5304525*** Chase Attn: Bankruptcy Dept 201 N. Walnut Street Wilmington, DE 19801		J	2004 Deed of Trust Primary Residence Location: 721 Welsh Drive, Ruther Glen VA 22546 Value \$ 169,000.00				155,181.00	0.00
Account No. Washington Mutual /Countrywide Attn: Bankruptcy Dept P.O. Box 660694 Dallas, TX 75266-0694			Representing: Chase Value \$				Notice Only	
Account No. 3252 Heritage Point Association PO Box 208 Mollusk, VA 22517		H	Homeowners Association 1.1550 Acre Lot in Lancaster County, VA Parcel Number: 20E 1 170 Value \$ 13,500.00				2,000.00	0.00
Account No. Transportation Federal Credit PO Box 70440 Washington, DC 20024		X J	2004 PMSI Boat - 2004 Sea Fox Value \$ 8,000.00				830.00	0.00
Subtotal (Total of this page)							158,011.00	0.00
Total (Report on Summary of Schedules)							158,011.00	0.00

0 continuation sheets attached

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	A M O U N T N O T E N T I T L E D T O P R I O R I T Y, I F A N Y
								A M O U N T E N T I T L E D T O P R I O R I T Y
Account No. 102231, 67636, 67635 County of Caroline Attn: Elizabeth B Curran P.O. Box 431 Bowling Green, VA 22427		J	2014 Personal Property Tax				1,102.45	0.00 1,102.45
Account No. Unknown County of Frederick Treasure of Frederick P.O.Box 220 Winchester, VA 22604		J	2010 Tax Balance Due				1.00	0.00 1.00
Account No. Unknown Internal Revenue Service 400 N Eighth St Rm 898 P.O. Box 10025 Richmond, VA 23240		-	04,06 2011-2014 Tax Balance Due				22,375.47	0.00 22,375.47
Account No. Unknown Virginia Dept of Taxation P.O. Box 2156 Richmond, VA 23218		J	2012-2013 Tax Balance Due				777.16	0.00 777.16
Account No.								

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

0.00
24,256.08

Total
(Report on Summary of Schedules)

0.00
24,256.08

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 43373 Advanced Technologies in Home 4116 Fitzhugh Avenue Richmond, VA 23230		J				275.00
Account No. unknown AES/PHEAA 1200 North 7th Street Harrisburg, PA 17102		-				1.00
Account No. ECMC PO Box 16408 Saint Paul, MN 55116-0408		Representing: AES/PHEAA				Notice Only
Account No. Unknown American Education Services P.O. Box 2461 Harrisburg, PA 17105		H				1.00
Subtotal (Total of this page)						277.00

10 continuation sheets attached

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 177GV0900598900 American General Finance 121 Junction Drive PO Box 764 Ashland, VA 23005-2200	H	2009 Judgment				1,231.00
Account No. American General Finance Attn: Bankruptcy P.O. Box 3121 Evansville, IN 47731		Representing: American General Finance				Notice Only
Account No. 42270938xxxxx Applied Card Bank Re: Bankruptcy P.O. Box 17120 Wilmington, DE 19886-7120	J	Unknown Balance Due				Unknown
Account No. Credit Control P.O. Box 488 Hazelwood, MO 63042-0488		Representing: Applied Card Bank				Notice Only
Account No. unknown Bank of America Attn: Bankruptcy Dept. P.O. Box 1390 Norfolk, VA 23501	-	1999 Account Balance				Unknown
Sheet no. <u>1</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,231.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Unknown	J	Unknown Balance Due				602.40
Bank of Marin PO Box 2039 Novato, CA 94948						
Account No. unknown	-	2000 Account Balance				201.00
Blair Corp 307 Liberty St Warren, PA 16366						
Account No. 11140160335	J	01/24/14 Medical Services				191.00
Bon Secours Richmond Health Sy P.O. Box 28538 Henrico, VA 23228						
Account No. 51780572568****	J	Unknown Credit Card Balance				3,344.00
Capital One Attn: Bankruptcy PO Box 85167 Richmond, VA 23285-5167						
Account No. Unknown	J	Unknown Balance Due				1,413.00
Central Credit Audit 100 N 3rd St Sunbury, PA 17801						
Sheet no. 2 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			5,751.40

B6F (Official Form 6F) (12/07) - Cont.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Unknown Credit One PO BOX 625 Metairie, LA 70004	J	Unknown Balance Due				425.00
Account No. unknown Discover Attn: Bankruptcy Dept P.O. Box 8003 Hilliard, OH 43026-9900	-	2001 Account Balance				1.00
Account No. QERI1-1307830 Eastern Radiologists Inc. 2101 W. Arlington Blvd. Suite 210 Greenville, NC 27834-5758	J	06/13 Account Balance				23.00
Account No. unknown Fair Collections & Outsourcing 6931 Arlington Road Ste 400 Re: Pennsylvania St Bethesda, MD 20814-5231	-	2002 Account Balance				1,302.00
Account No. unknown FCNB Processing Center RE: Bankruptcy 9300 Gemini Drive Beaverton, OR 97078	-	2000 Account Balance				Unknown
Sheet no. 3 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,751.00

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Midland Cred 8875 Aero Dr Suite 200 San Diego, CA 92123		Representing: FCNB Processing Center				Notice Only
Account No. 125024984						
G W University Hospital P.O. Box 31001-0827 Pasadena, CA 91110-0827	J	04/14 Medical Services				125.00
Account No. Unknown						
GEMB/KIRK PO Box 981400 El Paso, TX 79998	J	2010 Account Balance				215.00
Account No. Unknown						
Hearing Clinics of Va Re: Bankrutpcy 204 N. Hamilton St, Ste 3 Richmond, VA 23221	J	2010 Medical Services				500.00
Account No.						
Transworld Systems Inc. Re: Hearing Clinics of VA 4560 South Blvd., Suite 100 Virginia Beach, VA 23452		Representing: Hearing Clinics of Va				Notice Only
Sheet no. 4 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						840.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 44822302917, 44826782107	J		2004, 2014 Account Balance				650.00
Henrico Doctor's Hosp. Attn: Bankruptcy Dept PO BOX 31171 Tampa, FL 33631							
Account No.			Representing: Henrico Doctor's Hosp.				Notice Only
Resurgent Capital Services PO Box 1927 Greenville, SC 29602							
Account No.			Representing: Henrico Doctor's Hosp.				Notice Only
West Asset Management Re: Henrico Doctors Hospital PO Box 1420 Sherman, TX 75091-1420							
Account No. Unknown	J		Judgment				508.00
Heritage Excavating, LLC 11903 Bowman Drive #101 Fredericksburg, VA 22408							
Account No. 5488-9750-2930-7520	J		Unknown Balance Due				1,001.48
Household Bank Attn: Bankruptcy Dept. PO Box 60102 City Of Industry, CA 91716-0102							
Sheet no. <u>5</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,159.48

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 548897502930XXXX HSBC Bank PO Box 5253 Carol Stream, IL 60197	H	2003 Account Balance				970.00
Account No. unknown HSBC NV Re: Bankruptcy 1441 Schilling Place Salinas, CA 93901	-	2004 Account Balance				Unknown
Account No. Unknown LVNV Funding LLC c/o Resurgent Capital Services PO Box 10587 Greenville, SC 29603-0587	J	2009 Account Balance				602.00
Account No. Unknown Mary Washington Home Health 5012 Southpoint Parkway Fredericksburg, VA 22407	J	2011 Medical Services				240.00
Account No. Unknown Mary Washington Hospital 12000 Kennedy Lane Suite 100 Fredericksburg, VA 22407	J	2010 Medical Services				240.00
Sheet no. <u>6</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						2,052.00
Subtotal (Total of this page)						2,052.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. unknown MCV Hospitals Attn: Bankruptcy Dept P.O. Box 980462 Richmond, VA 23298-0462	-	2005 Medical services				50.00
Account No. MCV Physicians Re: Bankruptcy PO Box 758721 Baltimore, MD 21275		Representing: MCV Hospitals				Notice Only
Account No. 3394298 Medical Faculty Associates P.O. Box 48458 Oak Park, MI 48237	J	04/14 Account Balance				434.00
Account No. unknown N American Cable Po Box 827 Edgemont, PA 19028	-	2000 Account Balance				120.00
Account No. unknown Portfolio Acquisitions 2425 Commerce Ave Ste 10 Re: Direct Marketing Duluth, GA 30096	-	2007 judgment				Unknown
Sheet no. <u>7</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 604.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.			Representing: Portfolio Acquisitions				Notice Only	
Glasser & Glasser PO Box 3400 Norfolk, VA 23514								
Account No. unknown			2005 Account Balance				260.00	
Powell, Rogers & Speaks Re: Stop Shop PO Box 61107 Harrisburg, PA 17106-1107		-						
Account No. Unknown			2010 Account Balance				57.00	
Receivables Management Re: Patient First 7206 Hull Street Rd, Ste 211 Richmond, VA 23235		J						
Account No. 2500178****			11/13 Medical Services				125.00	
Spotsylvania Reg Med Ctr PO Box 13620 Richmond, VA 23225		J						
Account No.			Representing: Spotsylvania Reg Med Ctr				Notice Only	
Spotsylvania Regional Med Ctr PO Box 99400 Louisville, KY 40269								
Sheet no. 8 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	442.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. unknown		-	2006 Account Balance				100.00
St. Mary's Hospital Attn: Bankruptcy Dept P.O. Box 100767 Atlanta, GA 30384-0767							
Account No.			Representing: St. Mary's Hospital				Notice Only
Pellettieri & Associates RE: St Mary's 991 Oak Creek Dr Lombard, IL 60148-6408							
Account No. 00012379****		J	Account Balance				25.00
The GW University Hospital P.O. Box 31001-0827 Pasadena, CA 91110-0827							
Account No. 7645		-	2005 Account Balance				1,609.00
Transportation Federal Credit PO Box 70440 Washington, DC 20024							
Account No. Unknown		J	2010 Medical Services				100.00
United Consumers, Inc. Re: Alexandria Inova Hospital P.O. Box 4466 Woodbridge, VA 22194							
Sheet no. <u>9</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,834.00

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. unknown US Department of Education Direct Loan Servicing Center PO Box 5609 Greenville, TX 75403-5609	W	2010 student loan				1.00
Account No. Unknown US Department of Education Direct Loan Servicing Center PO Box 105028 Atlanta, GA 30348-5028	H	2005 Student Loan				1.00
Account No. T13Q68XXXX Wakefield & Associates 3091 S. Jamaica Ct., Ste 200 Aurora, CO 80014-2639	W	2006 Account Balance				208.00
Account No. unknown West Asset Management Re:Sky Ridge Medical Center PO Box 1420 Sherman, TX 75091-1420	-	2004 Account Balance				50.00
Account No.						
Sheet no. 10 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 260.00
(Report on Summary of Schedules)						Total 17,201.88

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re **Robert Arthur Meredith,
Lorraina Kay Meredith**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
William Meredith 721 Welsh Drive Ruther Glen, VA 22546 Son	Transportation Federal Credit PO Box 70440 Washington, DC 20024

Fill in this information to identify your case:

Debtor 1 Robert Arthur Meredith

Debtor 2 Lorraina Kay Meredith
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
- ☐ Not employed

Planner

US Dept of Transportation

P.O. Box 272030
Mail Stop D-2613
Denver, CO 80227

Since 06/01/2001

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Secretary

US Dept. of Agriculture

Centralized Servicing Center
PO Box 66879
New Orleans, LA 70160

Since 06/01/2004

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>9,302.80</u>	\$ <u>5,102.93</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>9,302.80</u>	\$ <u>5,102.93</u>

Debtor 1 **Robert Arthur Meredith**
Debtor 2 **Lorraina Kay Meredith**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 9,302.80	\$ 5,102.93
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,594.56	\$ 980.53
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 74.43	\$ 40.82
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 137.37	\$ 222.06
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: FEGLI - Regular	5h.+ \$ 37.38	\$ 0.00
FEGLI - Optional	\$ 151.80	\$ 0.00
Savings Allotment	\$ 650.00	\$ 0.00
FEGLI 0 Coverage \$64,000	\$ 0.00	\$ 20.80
Opt FEGLI - AGE Bracket 7	\$ 0.00	\$ 391.52
FEHBA - ENROLL CODE 111	\$ 0.00	\$ 137.37
FEHBA	\$ 0.00	\$ 132.08
Chking/Savingsx6	\$ 0.00	\$ 86.67
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 3,645.54	\$ 2,011.85
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 5,657.26	\$ 3,091.08
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 2,100.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,100.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,757.26 + \$ 3,091.08 = \$ 10,848.34	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 10,848.34	
	Combined monthly income	

Debtor 1 **Robert Arthur Meredith**
Debtor 2 **Lorraina Kay Meredith**

Case number (if known) _____

13. Do you expect an increase or decrease within the year after you file this form?

☒

No.

☐

Yes. Explain:

Fill in this information to identify your case:

Debtor 1 Robert Arthur Meredith

Debtor 2 Lorraina Kay Meredith
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,206.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 250.00

4d. Homeowner's association or condominium dues

4d. \$ 96.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Robert Arthur Meredith**
Debtor 2 **Lorraina Kay Meredith**

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	<u>220.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>225.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>350.00</u>
6d. Other. Specify: <u>Propane</u>	6d. \$	<u>400.00</u>
7. Food and housekeeping supplies	7. \$	<u>963.00</u>
8. Childcare and children's education costs	8. \$	<u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$	<u>380.00</u>
10. Personal care products and services	10. \$	<u>120.00</u>
11. Medical and dental expenses	11. \$	<u>400.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>500.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	<u>480.00</u>
14. Charitable contributions and religious donations	14. \$	<u>240.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>300.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Personal Property</u>		
	16. \$	<u>50.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: <u>Boat payment</u>	17c. \$	<u>415.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
18. \$		<u>0.00</u>
19. Other payments you make to support others who do not live with you.		
19. \$		<u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>6.67</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>26.25</u>
21. Other: Specify: <u>Miscellaneous Expense</u>		
	21. +\$	<u>1,200.00</u>
SSI Income	+\$	<u>2,100.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	<u>9,927.92</u>
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<u>10,848.34</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<u>9,927.92</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	<u>920.42</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: _____		

United States Bankruptcy Court
Eastern District of VirginiaIn re **Robert Arthur Meredith**
Lorraina Kay Meredith

Debtor(s)

Case No.

Chapter

13**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **30** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **April 24, 2015**Signature **/s/ Robert Arthur Meredith****Robert Arthur Meredith**

Debtor

Date **April 24, 2015**Signature **/s/ Lorraina Kay Meredith****Lorraina Kay Meredith**

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Robert Arthur Meredith
Lorraina Kay Meredith**

Debtor(s)

Case No.

Chapter

13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

\$52,443.58

\$169,536.00

\$154,718.00

SOURCE

2015 Employment Income

2014 Employment Income

2013 Employment Income

B7 (Official Form 7) (04/13)

2

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$2,100.00

SOURCE
2015 Social Security Income

3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Heritage Excavating LLC v. Meredith, Lorraine	Warrant in Debt	Spotsylvania County General District Court	Pending - 05/21/2015 @ 9:30 am

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Boleman Law Firm 2104 Laburnum Avenue Ste 201 Richmond, VA 23230-1588		\$300.00 - Legal Fees
Boleman Law Firm 2104 Laburnum Avenue Ste 201 Richmond, VA 23230-1588		\$310.00 - Court Fees
Boleman Law Firm 2104 Laburnum Avenue Ste 201 Richmond, VA 23230-1588		\$24.00 - Credit Counseling

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None <input checked="" type="checkbox"/> b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING

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12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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B7 (Official Form 7) (04/13)

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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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B7 (Official Form 7) (04/13)

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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 24, 2015

Signature /s/ Robert Arthur Meredith
Robert Arthur Meredith
Debtor

Date April 24, 2015

Signature /s/ Lorraina Kay Meredith
Lorraina Kay Meredith
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Eastern District of Virginia

In re **Robert Arthur Meredith**
Lorraina Kay Meredith

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

IN A CHAPTER 13 CASE

(for use in the Richmond Division only)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>5,050.00</u>
Prior to the filing of this statement I have received	\$	<u>300.00</u>
Balance Due	\$	<u>4,750.00</u>

2. \$ **310.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (*specify*)

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (*specify*)

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, as required by Local Bankruptcy Rule 2016-1(C)(3).

7. I am electing to request compensation and reimbursement of expenses in this case:

a. ☒ In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a).

b. ☐ By submitting applications for compensation in the manner set forth in Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

An attorney for the debtor that fails to make the election to request compensation pursuant to Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) at the commencement of the case will be deemed to have elected to request compensation in the manner set forth within Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

CERTIFICATION

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 24, 2015*Date*/s/ Laura T. Alridge VSBLaura T. Alridge VSB 42549*Signature of Attorney*Boleman Law Firm, P.C.*Name of Law Firm*P. O. Box 11588Richmond, VA 23230-1588804-358-9900 Fax: (804) 358-8704

**NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED
STATES TRUSTEE
PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND
CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

April 24, 2015*Date*/s/ Laura T. Alridge VSBLaura T. Alridge VSB 42549*Signature of Attorney*

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Robert Arthur Meredith
Lorraina Kay Meredith**

Debtor(s)

Case No.

Chapter

13

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Robert Arthur Meredith
Lorraina Kay Meredith**

Printed Name(s) of Debtor(s)

Case No. (if known)

X **/s/ Robert Arthur Meredith**

Signature of Debtor

April 24, 2015

Date

X **/s/ Lorraina Kay Meredith**

Signature of Joint Debtor (if any)

April 24, 2015

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Robert Arthur Meredith
Lorraina Kay Meredith**

Debtor(s)

Case No.

Chapter

13

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette, by a typed hard copy in scannable format, with Request for Waiver attached, or uploaded by Electronic Case Filing is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

Master mailing list of creditors submitted via:

- (a) ___ computer diskette listing a total of ___ creditors; or
- (b) ___ scannable hard copy, with Request for Waiver attached, consisting of ___ pages, listing a total of ___ creditors; or
- (c) **X** uploaded via Electronic Case Filing a total of **63** creditors.

Date: **April 24, 2015**

/s/ Robert Arthur Meredith

Robert Arthur Meredith

Signature of Debtor

Date: **April 24, 2015**

/s/ Lorraina Kay Meredith

Lorraina Kay Meredith

Signature of Debtor

[Check if applicable] ___ Creditor(s) with
foreign addresses included on disk/hard copy.

Office of the US Trustee
701 E. Broad Street
Room 4304
Richmond, VA 23219

Advanced Technologies in Home
4116 Fitzhugh Avenue
Richmond, VA 23230

AES/PHEAA
1200 North 7th Street
Harrisburg, PA 17102

American Education Services
P.O. Box 2461
Harrisburg, PA 17105

American General Finance
121 Junction Drive
PO Box 764
Ashland, VA 23005-2200

American General Finance
Attn: Bankruptcy
P.O. Box 3121
Evansville, IN 47731

Applied Card Bank
Re: Bankruptcy
P.O. Box 17120
Wilmington, DE 19886-7120

Bank of America
Attn: Bankruptcy Dept.
P.O. Box 1390
Norfolk, VA 23501

Bank of Marin
PO Box 2039
Novato, CA 94948

Blair Corp
307 Liberty St
Warren, PA 16366

Bon Secours Richmond Health Sy
P.O. Box 28538
Henrico, VA 23228

Capital One
Attn: Bankruptcy
PO Box 85167
Richmond, VA 23285-5167

Central Credit Audit
100 N 3rd St
Sunbury, PA 17801

Chase
Attn: Bankruptcy Dept
201 N. Walnut Street
Wilmington, DE 19801

County of Caroline
Attn: Elizabeth B Curran
P.O. Box 431
Bowling Green, VA 22427

County of Frederick
Treasure of Frederick
P.O.Box 220
Winchester, VA 22604

Credit Control
P.O. Box 488
Hazelwood, MO 63042-0488

Credit One
PO BOX 625
Metairie, LA 70004

Discover
Attn: Bankruptcy Dept
P.O. Box 8003
Hilliard, OH 43026-9900

East Bay Funding, LLC
c/o Resurgent Capital Services
PO Box 288
Greenville, SC 29603

Eastern Radiologists Inc.
2101 W. Arlington Blvd.
Suite 210
Greenville, NC 27834-5758

ECMC
PO Box 16408
Saint Paul, MN 55116-0408

Fair Collections & Outsourcing
6931 Arlington Road Ste 400
Re: Pennsylvania St
Bethesda, MD 20814-5231

FCNB Processing Center
RE: Bankruptcy
9300 Gemini Drive
Beaverton, OR 97078

G W University Hospital
P.O. Box 31001-0827
Pasadena, CA 91110-0827

GEMB/KIRK
PO Box 981400
El Paso, TX 79998

Glasser & Glasser
PO Box 3400
Norfolk, VA 23514

Hearing Clinics of Va
Re: Bankruptcy
204 N. Hamilton St, Ste 3
Richmond, VA 23221

Henrico Doctor's Hosp.
Attn: Bankruptcy Dept
PO BOX 31171
Tampa, FL 33631

Heritage Excavating, LLC
11903 Bowman Drive #101
Fredericksburg, VA 22408

Heritage Point Association
PO Box 208
Mollusk, VA 22517

Household Bank
Attn: Bankruptcy Dept.
PO Box 60102
City Of Industry, CA 91716-0102

HSBC Bank
PO Box 5253
Carol Stream, IL 60197

HSBC NV
Re: Bankruptcy
1441 Schilling Place
Salinas, CA 93901

Internal Revenue Service
400 N Eighth St Rm 898
P.O. Box 10025
Richmond, VA 23240

LVNV Funding LLC
c/o Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587

Mary Washington Home Health
5012 Southpoint Parkway
Fredericksburg, VA 22407

Mary Washington Hospital
12000 Kennedy Lane
Suite 100
Fredericksburg, VA 22407

MCV Hospitals
Attn: Bankruptcy Dept
P.O. Box 980462
Richmond, VA 23298-0462

MCV Physicians
Re: Bankruptcy
PO Box 758721
Baltimore, MD 21275

Medical Faculty Associates
P.O. Box 48458
Oak Park, MI 48237

Midland Cred
8875 Aero Dr Suite 200
San Diego, CA 92123

N American Cable
Po Box 827
Edgemont, PA 19028

Pellettieri & Associates
RE: St Mary's
991 Oak Creek Dr
Lombard, IL 60148-6408

Portfolio Acquisitions
2425 Commerce Ave Ste 10
Re: Direct Marketing
Duluth, GA 30096

Powell, Rogers & Speaks
Re: Stop Shop
PO Box 61107
Harrisburg, PA 17106-1107

Receivables Management
Re: Patient First
7206 Hull Street Rd, Ste 211
Richmond, VA 23235

Resurgent Capital Services
PO Box 1927
Greenville, SC 29602

Spotsylvania Reg Med Ctr
PO Box 13620
Richmond, VA 23225

Spotsylvania Regional Med Ctr
PO Box 99400
Louisville, KY 40269

St. Mary's Hospital
Attn: Bankruptcy Dept
P.O. Box 100767
Atlanta, GA 30384-0767

The GW University Hospital
P.O. Box 31001-0827
Pasadena, CA 91110-0827

Transportation Federal Credit
PO Box 70440
Washington, DC 20024

Transworld Systems Inc.
Re: Hearing Clinics of VA
4560 South Blvd., Suite 100
Virginia Beach, VA 23452

United Consumers, Inc.
Re: Alexandria Inova Hospital
P.O. Box 4466
Woodbridge, VA 22194

US Department of Education
Direct Loan Servicing Center
PO Box 5609
Greenville, TX 75403-5609

US Department of Education
Direct Loan Servicing Center
PO Box 105028
Atlanta, GA 30348-5028

Virginia Dept of Taxation
P.O. Box 2156
Richmond, VA 23218

Wakefield & Associates
3091 S. Jamaica Ct., Ste 200
Aurora, CO 80014-2639

Washington Mutual /Countrywide
Attn: Bankruptcy Dept
P.O. Box 660694
Dallas, TX 75266-0694

West Asset Management
Re: Sky Ridge Medical Center
PO Box 1420
Sherman, TX 75091-1420

West Asset Management
Re: Henrico Doctors Hospital
PO Box 1420
Sherman, TX 75091-1420

William Meredith
721 Welsh Drive
Ruther Glen, VA 22546

Fill in this information to identify your case:

Debtor 1 Robert Arthur Meredith

Debtor 2 Lorraina Kay Meredith
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Virginia

Case number (if known) _____

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 9,302.80	\$ 5,102.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00

Debtor 1
Debtor 2

Robert Arthur Meredith
Lorraina Kay Meredith

Case number (if known)

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

7. Interest, dividends, and royalties

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00

For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00 \$ 0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. \$ 0.00 \$ 0.00

10b. \$ 0.00 \$ 0.00

10c. Total amounts from separate pages, if any. + \$ 0.00 \$ 0.00

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <u>9,302.80</u>	+	\$ <u>5,102.00</u>	=	\$ <u>14,404.80</u>
Total average monthly income				

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$ 14,404.80

13. Calculate the marital adjustment. Check one:

- ☐ You are not married. Fill in 0 on line 3d.
- ☒ You are married and your spouse is filing with you. Fill in 0 in line 13d.
- ☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. \$ _____

13b. \$ _____

13c. +\$ _____

13d. Total \$ 0.00 Copy here=> 13d. - 0.00

14. Your current monthly income. Subtract line 13d from line 12.

14. \$ 14,404.80

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=> 15a. \$ 14,404.80

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. 15b. \$ 172,857.60

Debtor 1
Debtor 2

Robert Arthur Meredith
Lorraina Kay Meredith

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps:

- 16a. Fill in the state in which you live. VA
- 16b. Fill in the number of people in your household. 2
- 16c. Fill in the median family income for your state and size of household. \$ 68,108.00
- To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Disposable Income* (Official Form 22C-2).
- 17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 14,404.80

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. \$ 0.00

Subtract line 19a from line 18.

19b. \$ 14,404.80

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b \$ 14,404.80

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

20b. \$ 172,857.60

20c. Copy the median family income for your state and size of household from line 16c \$ 68,108.00

21. How do the lines compare?

- ☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.
- ☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Robert Arthur Meredith

Robert Arthur Meredith
Signature of Debtor 1

Date April 24, 2015
MM / DD / YYYY

X /s/ Lorraina Kay Meredith

Lorraina Kay Meredith
Signature of Debtor 2

Date April 24, 2015
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Robert Arthur Meredith

Debtor 2 Lorraina Kay Meredith
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Virginia

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,092.00
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1
Debtor 2

Robert Arthur Meredith
Lorraina Kay Meredith

Case number (if known)

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 60
7b. Number of people who are under 65 X 2
7c. **Subtotal.** Multiply line 7a by line 7b. \$ 120.00 Copy line 7c here=> \$ 120.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 144
7e. Number of people who are 65 or older X 0
7f. **Subtotal.** Multiply line 7d by line 7e. \$ 0.00 Copy line 7f here=> \$ 0.00

7g. **Total.** Add line 7c and line 7f \$ 120.00 Copy total here=> 7g. \$ 120.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

Housing and utilities - Insurance and operating expenses
housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 500.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,279.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
Chase	\$ <u>1,210.68</u>

9b. Total average monthly payment

\$ 1,210.68

Copy line 9b here=> -\$ 1,210.68 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

9c.

\$ 68.32

Copy line 9c here=> \$ 68.32

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ 0.00

Explain why: _____

Debtor 1
Debtor 2

Robert Arthur Meredith
Lorraina Kay Meredith

Case number (if known)

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☒ 1. Go to line 12.
☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **244.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1:

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ **0.00**

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divided by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-------------------------------------	-------------------------

-NONE- \$

Copy 13b here => -\$ **0.00** Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

13c. \$ **0.00** Copy net Vehicle 1 expense here => \$ **0.00**

Vehicle 2 Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard 13d. \$ **0.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-------------------------------------	-------------------------

\$

Copy 13e here => -\$ **0.00**

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.

13f. \$ **0.00** Copy net Vehicle 2 expense here => \$ **0.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1
Debtor 2

Robert Arthur Meredith
Lorraina Kay Meredith

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 2,381.24
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 27.88
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 83.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:
as a condition for your job, or
for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. +\$ 45.00
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 4,561.44
Add lines 6 through 23.

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | | |
|------------------------|--------------------|------------------------------------|
| Health insurance | \$ <u>299.29</u> | |
| Disability insurance | \$ <u>0.00</u> | |
| Health savings account | + \$ <u>270.00</u> | |
| Total | \$ <u>569.29</u> | Copy total here=> \$ <u>569.29</u> |
- Do you actually spend this total amount?
☐ No. How much do you actually spend?
☒ Yes \$ _____
26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.
By law, the court must keep the nature of these expenses confidential. \$ 0.00

Debtor 1
Debtor 2

Robert Arthur Meredith
Lorraina Kay Meredith

Case number (if known)

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ **0.00**

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

\$ **0.00**

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ **38.00**

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4).

\$ **0.00**

32. **Add all of the additional expense deductions**

Add lines 25 through 31.

\$ **607.29**

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

Average monthly payment

33a. Copy line 9b here => \$ **1,210.68**

Loans on your first two vehicles

33b. Copy line 13b here => \$ **0.00**

33c. Copy line 13e here => \$ **0.00**

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

33d. **Heritage Point Association**

**1.1550 Acre Lot in Lancaster County, VA
Parcel Number: 20E 1 170**

☒ No

☐ Yes

\$ **39.60**

33e. **Transportation Federal Credit**

Boat - 2004 Sea Fox

☒ No

☐ Yes

\$ **16.43**

33f.

☐ No

☐ Yes

+\$

33g. Total average monthly payment. Add lines 33a through 33f

\$ **1,266.71**

Copy total here=>

\$ **1,266.71**

Debtor 1
Debtor 2

Robert Arthur Meredith
Lorraina Kay Meredith

Case number (if known)

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
Chase	Primary Residence Location: 721 Welsh Drive, Ruther Glen VA 22546	\$ 1,600.00	÷ 60 = \$ 26.67
		\$	÷ 60 = \$
		\$	÷ 60 = +\$
Total		\$ 26.67	Copy total here=> \$ 26.67

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 24,256.08 ÷ 60 \$ 404.26

36. Projected monthly Chapter 13 plan payment

\$ 920.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X 6.20

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ 57.04 Copy total here=> \$ 57.04

37. Add all of the deductions for debt payment.

Add lines 33g through 36.

\$ 1,754.68

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances

\$ 4,561.44

Copy line 32, All of the additional expense deductions

\$ 607.29

Copy line 37, All of the deductions for debt payment

+\$ 1,754.68

Total deductions

\$ 6,923.41

Copy total here=>

\$ 6,923.41

Debtor 1
Debtor 2

Robert Arthur Meredith
Lorraina Kay Meredith

Case number (if known)

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. **Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period** \$ **14,404.80**

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **34.00**

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here. => \$ **6,923.41**

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
43a. _____	\$ _____
43b. _____	\$ _____
43c. _____	\$ _____
43d. Total. Add lines 43a through 43c. _____	\$ 0.00
Copy 43d here=> \$ 0.00	
44. Total adjustments. Add lines 40 through 43d. _____	\$ 6,957.41
Copy total here=> -\$ 6,957.41	
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.	\$ 7,447.39

Part 3: Change in Income or Expenses

46. **Change in income or expenses.** If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____

Debtor 1
Debtor 2

Robert Arthur Meredith
Lorraina Kay Meredith

Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Robert Arthur Meredith
Robert Arthur Meredith
Signature of Debtor 1

Date **April 24, 2015**
MM / DD / YYYY

X /s/ Lorraina Kay Meredith
Lorraina Kay Meredith
Signature of Debtor 2

Date **April 24, 2015**
MM / DD / YYYY

Debtor 1 **Robert Arthur Meredith**
Debtor 2 **Lorraina Kay Meredith**

Case number (if known) _____

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **10/01/2014** to **03/31/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **US Dept of Transportation**

Constant income of **\$9,302.80** per month.

Non-CMI - Social Security Act Income

Source of Income: **Social Security Income**

Income by Month:

6 Months Ago:	<u>10/2014</u>	<u>\$0.00</u>
5 Months Ago:	<u>11/2014</u>	<u>\$0.00</u>
4 Months Ago:	<u>12/2014</u>	<u>\$0.00</u>
3 Months Ago:	<u>01/2015</u>	<u>\$0.00</u>
2 Months Ago:	<u>02/2015</u>	<u>\$0.00</u>
Last Month:	<u>03/2015</u>	<u>\$2,100.00</u>
Average per month:		<u>\$350.00</u>

Debtor 1 **Robert Arthur Meredith**
Debtor 2 **Lorraina Kay Meredith**

Case number (if known) _____

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **10/01/2014** to **03/31/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **US Department of Agriculture**

Income by Month:

6 Months Ago:	<u>10/2014</u>	<u>\$5,102.00</u>
5 Months Ago:	<u>11/2014</u>	<u>\$5,102.00</u>
4 Months Ago:	<u>12/2014</u>	<u>\$5,102.00</u>
3 Months Ago:	<u>01/2015</u>	<u>\$5,102.00</u>
2 Months Ago:	<u>02/2015</u>	<u>\$5,102.00</u>
Last Month:	<u>03/2015</u>	<u>\$5,102.00</u>
Average per month:		<u>\$5,102.00</u>